



# Gateway Requesting a Good Cause Exception How-To Guide

For Georgia Pathways to Coverage™ (Pathways) Members



## Requesting a Good Cause Exception

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Pathways members can request a Good Cause Exception for up to 120 hours for each year enrolled so that they meet reporting requirements and maintain coverage even when unexpected things happen. These situations are usually immediate, short-term events.

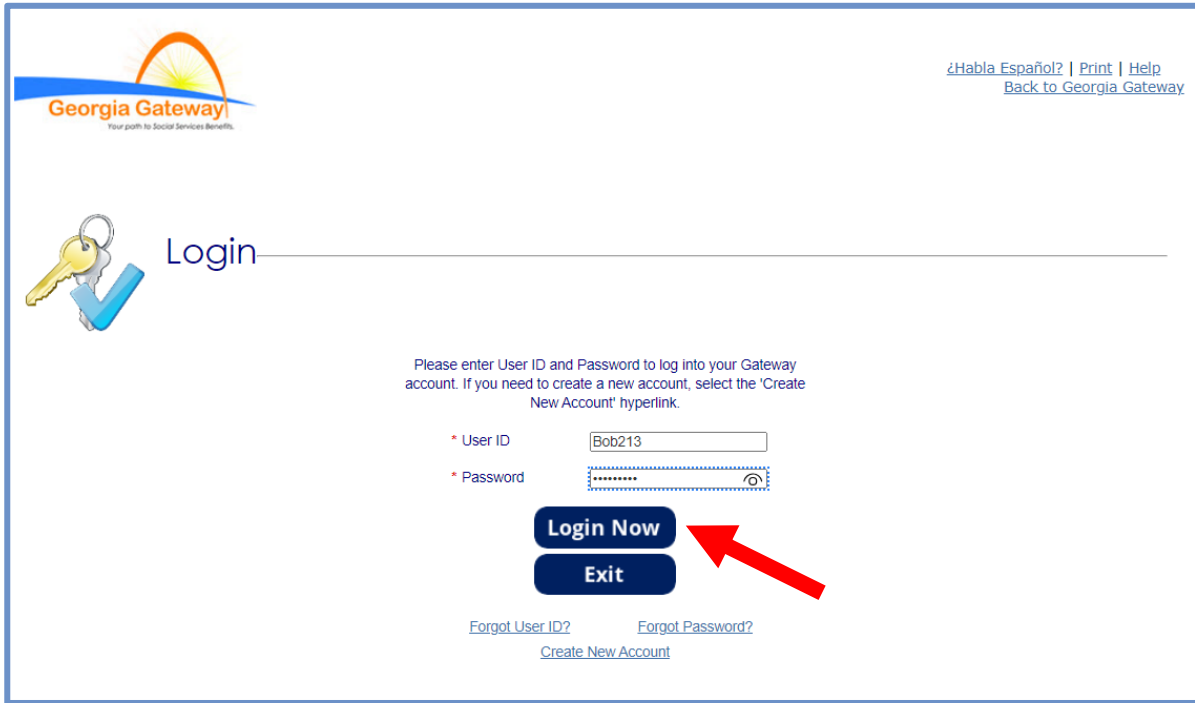
Examples of Good Cause Exceptions include:

- Family emergency or life event.
- Birth, adoption, foster placement, or death of an immediate family member.
- Temporary illness/short term injury.
- Serious illness or hospitalization of yourself, or immediate family member.
- Natural or human-caused disaster.
- Temporary homelessness.
- COVID-19 illness or exposure.

For more information on requesting a Good Cause Exception, visit [dch.georgia.gov/georgiapathways/good-cause-exceptions](https://dch.georgia.gov/georgiapathways/good-cause-exceptions).

# Requesting a Good Cause Exception: Step 1

1a. Complete both fields and click “Login Now.”



Georgia Gateway  
Your path to Social Services Benefits.

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## Login

Please enter User ID and Password to log into your Gateway account. If you need to create a new account, select the 'Create New Account' hyperlink.

\* User ID

\* Password

**Login Now**

**Exit**

[Forgot User ID?](#)   [Forgot Password?](#)  
[Create New Account](#)

1b. Read Confidentiality Agreement and click “I Accept.”



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## Confidentiality Agreement

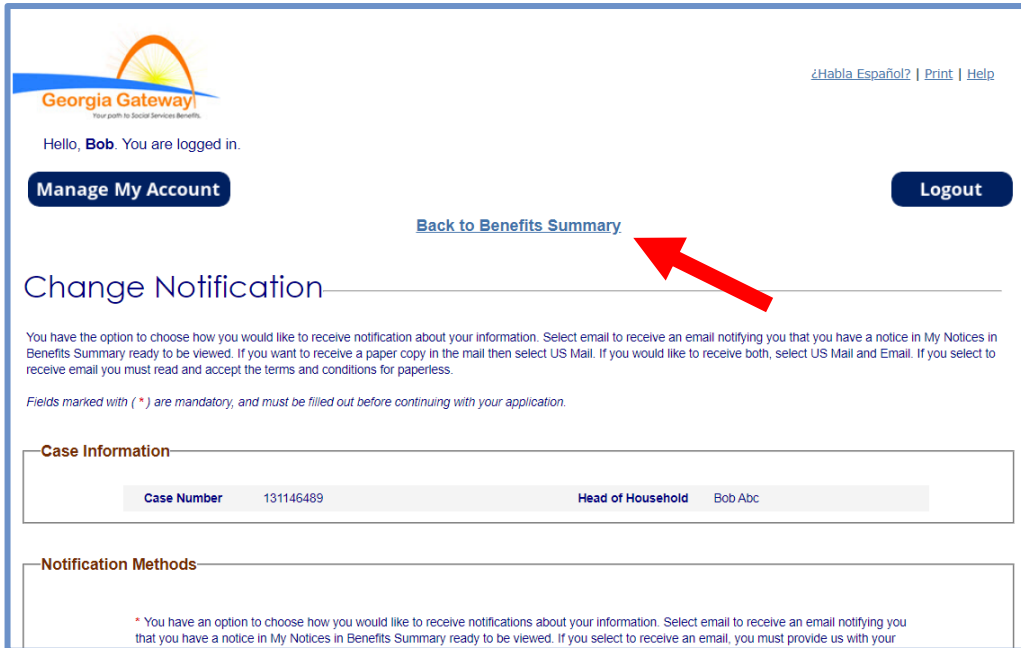
**\*Confidentiality Agreement Consent**

By clicking "I Accept", you accept confidentiality, acceptable use, and other privacy policies as mandated by the State of Georgia. Please note that it is your responsibility to print and keep copies of sensitive information. Click "I Do Not Accept" to end this session and log out.

**I Accept**   **I Do Not Accept**

# Requesting a Good Cause Exception: Step 2

2a. If the Change Notification screen appears, please click “Back to Benefits Summary” at the top of the page.



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Hello, **Bob**. You are logged in.

[Manage My Account](#) [Logout](#)

[Back to Benefits Summary](#)

## Change Notification

You have the option to choose how you would like to receive notification about your information. Select email to receive an email notifying you that you have a notice in My Notices in Benefits Summary ready to be viewed. If you want to receive a paper copy in the mail then select US Mail. If you would like to receive both, select US Mail and Email. If you select to receive email you must read and accept the terms and conditions for paperless.

*Fields marked with ( \* ) are mandatory, and must be filled out before continuing with your application.*

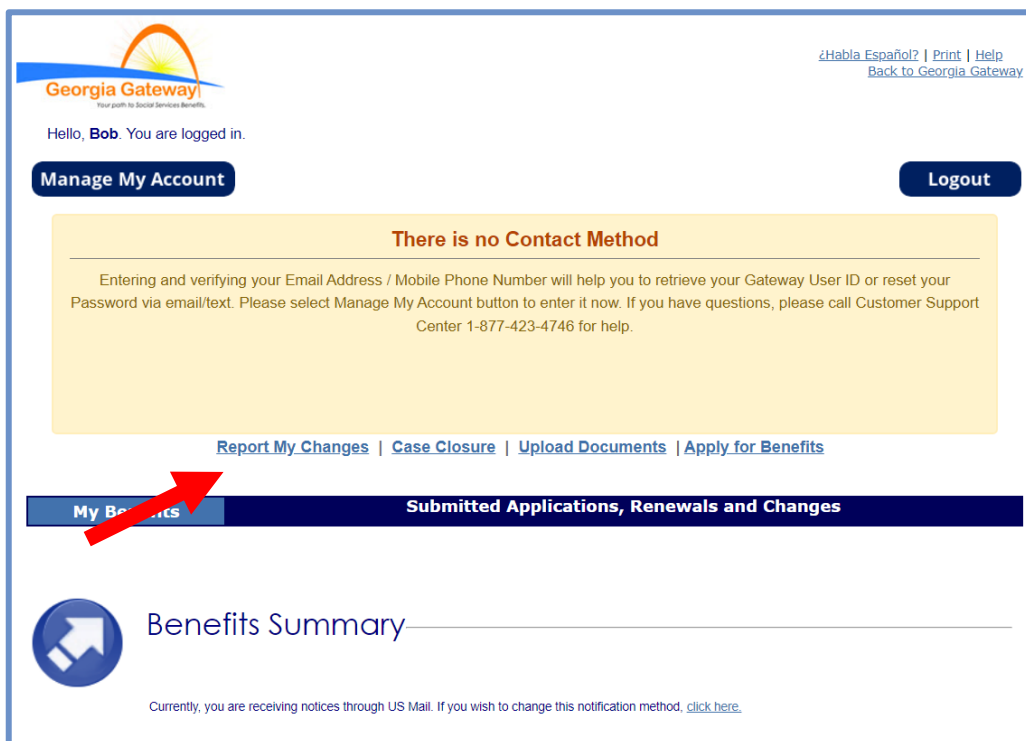
**Case Information**

<b>Case Number</b>	131146489	<b>Head of Household</b>	Bob Abc
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**Notification Methods**

\* You have an option to choose how you would like to receive notifications about your information. Select email to receive an email notifying you that you have a notice in My Notices in Benefits Summary ready to be viewed. If you select to receive an email, you must provide us with your

2b. Select “Report My Changes” in the header to request a Good Cause Exception.



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Hello, **Bob**. You are logged in.


[Manage My Account](#) [Logout](#)

**There is no Contact Method**

Entering and verifying your Email Address / Mobile Phone Number will help you to retrieve your Gateway User ID or reset your Password via email/text. Please select Manage My Account button to enter it now. If you have questions, please call Customer Support Center 1-877-423-4746 for help.

[Report My Changes](#) | [Case Closure](#) | [Upload Documents](#) | [Apply for Benefits](#)

**My Benefits** Submitted Applications, Renewals and Changes

 **Benefits Summary**

Currently, you are receiving notices through US Mail. If you wish to change this notification method, [click here](#).

# Requesting a Good Cause Exception: Step 3

3a. Select “Someone needs to submit a Pathways Medical Assistance Qualifying Activity Good Cause, or to submit a Reasonable Modification Request for Pathways Qualifying Activity, or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution”.

3b. Then, click “Next.”



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Hello, **Bob**. You are logged in.

## Report My Changes

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. Welcome to Report My Changes! As part of the getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your agency asks for it. Without this proof, your changes cannot be made and your benefits may end. [Select here to read more about the kinds of proof you may need to give to your worker.](#)

Changes will be saved for 24 hours. If the change is not submitted within 24 hours, the change will be deleted and you will need to start over.

### Report My Changes

Please check the boxes for all of the changes that you want to report.

- Your address, email or phone has changed.
- Someone has moved into your home.
- Someone had a change in household relationships.
- Someone has a change in disability status.
- Someone had a change in Medicare, Other Health Coverage, Nursing Home, School Enrollment, or [other household information](#).
- Someone had a change in other resources such as Life Insurance, Vehicle, Real Estate or Business Assets.
- Someone had a change in income other than a job.
- Someone had a change in other bills such as dependent care, support payments, or medical expenses.
- Someone had a change in Tobacco Use.
- Someone has moved out of your home.
- Someone's personal information has changed, such as name, date of birth, SSN, where they live, citizenship or immigrant status, got married or divorced, plan to start or stop filing taxes, or became disabled.
- Someone had a change in pregnancy or postpartum period or breastfeeding.
- Someone had a change in caretaker.
- Someone's liquid resources have changed.
- Someone had a change in job, self-employment, income and/or work hours.
- Someone's housing or utility bills changed.
- Your [Authorized Representative's](#) information has changed.
- Someone needs to submit a report of Pathways Qualifying Activities or make a change to their Pathways Qualifying Activities.
- Someone needs to submit a Pathways Medical Assistance Qualifying Activity Good Cause, or to submit a Reasonable Modification Request for Pathways Qualifying Activity, or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution.
- Someone had a change in Rehabilitation.

**Save and Exit** **Next**

*The order of options may vary based on your individual case. Please read the text carefully before making a selection.*

# Requesting a Good Cause Exception: Step 4

4a. Select “Yes” for all the members for whom you are requesting a Good Cause Exception.

4b. Then, click “Next.”

If you select more than one member, you will be directed to request a Good Cause Exception for each member in the order they are presented on this screen. Once you submit the first member’s request, you will be directed to submit for the next member.



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Hello, **Bob**. You are logged in. 19% Complete

**Start Resources Income Bills Needs Assessment Finish & Submit**

Pathways Contract **Qualifying Activities** Finish & Submit

## Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request

**Reporting a Change**

Based on the information you have told us about your Qualifying Activities this month, we noticed you did not have the required number of 80 total hours. Can you let us know more about why you were unable to meet the 80 hours requirement?

**Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request**

A Good Cause, Reasonable Modification for Pathways Qualifying Activity Request, or Reasonable Accommodation for Pathways Qualifying Activity should be submitted any month that an individual does not meet qualifying activity hours requirements. Note that all Good Cause, Reasonable Modification for Pathways Qualifying Activity Request, or Reasonable Accommodation for Pathways Qualifying Activity are subject to audit at any time.

The following content in the table allows the user to Report a Change in GC, RM or RA for Pathways Qualifying Activity Request.

Who	Information	Options
Bob(42 yrs)	Does Bob have a Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request to report?	<input type="radio"/> Yes <input type="radio"/> No
Kate(38 yrs)	Does Kate have a Good Cause, Reasonable Modification or Reasonable Accommodation for Pathways Qualifying Activity Request to report?	<input type="radio"/> Yes <input type="radio"/> No

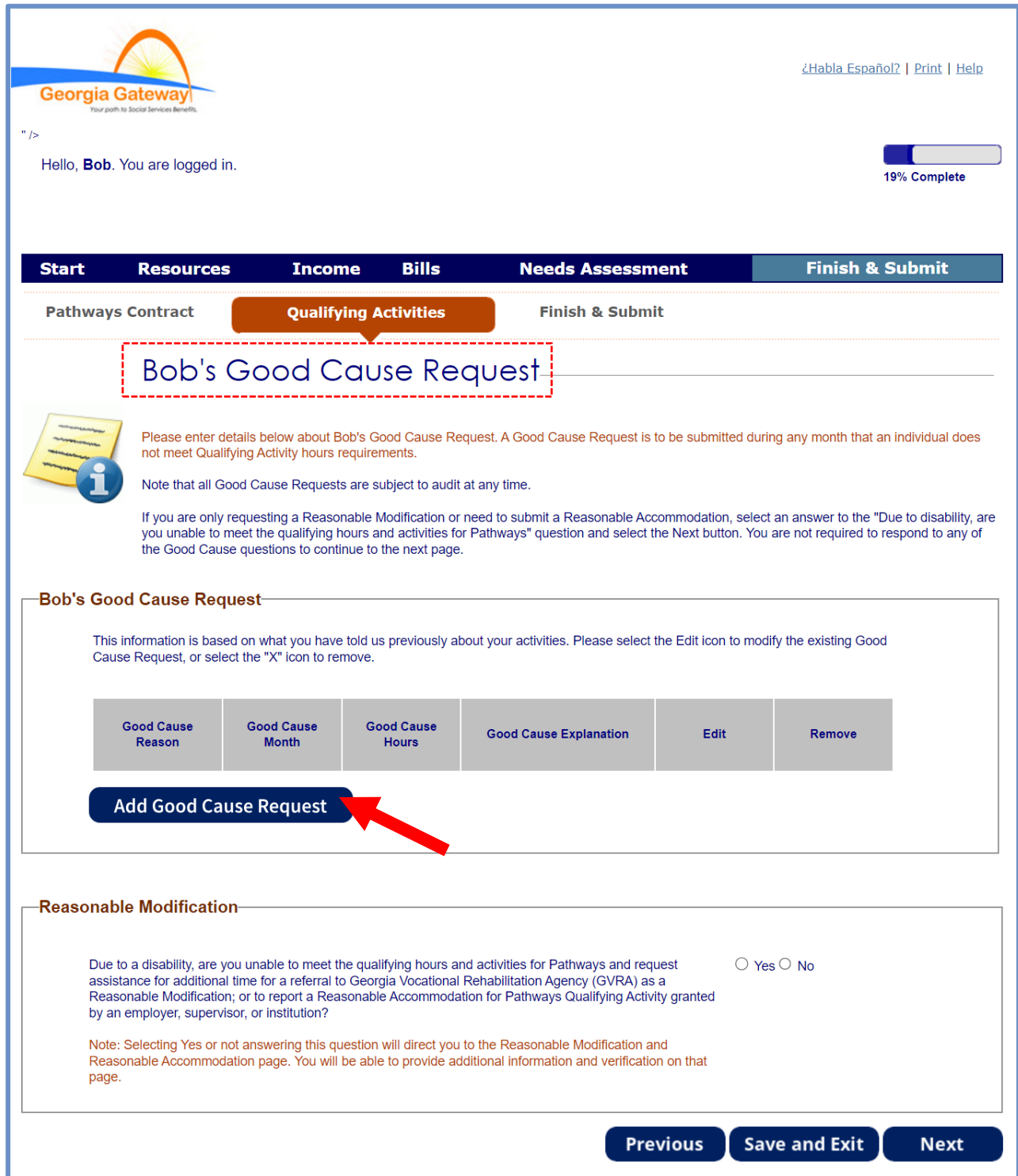
**Previous Save and Exit Next**



# Requesting a Good Cause Exception: Step 5

5a. If you are requesting a Good Cause Exception for multiple people, review the name at the top of the screen to make sure you submit each request for the correct person.

5b. Click “Add Good Cause Request.”



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Hello, **Bob**. You are logged in. 19% Complete

**Start** **Resources** **Income** **Bills** **Needs Assessment** **Finish & Submit**

Pathways Contract **Qualifying Activities** Finish & Submit

**Bob's Good Cause Request**

Please enter details below about Bob's Good Cause Request. A Good Cause Request is to be submitted during any month that an individual does not meet Qualifying Activity hours requirements.

Note that all Good Cause Requests are subject to audit at any time.

If you are only requesting a Reasonable Modification or need to submit a Reasonable Accommodation, select an answer to the "Due to disability, are you unable to meet the qualifying hours and activities for Pathways" question and select the Next button. You are not required to respond to any of the Good Cause questions to continue to the next page.

**Bob's Good Cause Request**

This information is based on what you have told us previously about your activities. Please select the Edit icon to modify the existing Good Cause Request, or select the "X" icon to remove.

Good Cause Reason	Good Cause Month	Good Cause Hours	Good Cause Explanation	Edit	Remove

**Add Good Cause Request**

**Reasonable Modification**

Due to a disability, are you unable to meet the qualifying hours and activities for Pathways and request assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification; or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution?  Yes  No

Note: Selecting Yes or not answering this question will direct you to the Reasonable Modification and Reasonable Accommodation page. You will be able to provide additional information and verification on that page.

**Previous** **Save and Exit** **Next**

# Requesting a Good Cause Exception: Step 5 continued

5c. Complete all required fields.

5d. Click anywhere in the gray box to start the process for uploading supporting documentation. Accepted file types include png, pdf, tiff, bmp, jpg, or jpeg.

5e. Click “Save Good Cause Request.”

Add Good Cause Request

**Request a New Good Cause**

\* Please select the reason for Good Cause Request:  
Note: Selecting "Other" as Good Cause reason will require you to provide written explanation.

Temporary illness/short term injur ▾

\* Please select for what month Bob requests Good Cause (mm/yyyy):

10/2023

\* Please enter the number of Qualifying Activity hours for which Bob's Good Cause Request applies:

15


Please provide a written explanation for Bob's Good Cause Request below:

41 of 250 Characters

I had the flu and missed 3 days of work.

**Document Upload**

You have reported participation in Qualifying Activities. For each activity you have participated in, please upload the appropriate validation documents. You may proceed by selecting "Save Activity" without uploading documents, but you will be contacted to provide verification at a later date. Additionally, you will not be eligible for the Pathways program until verification for your Qualifying Activities are provided.



Select anywhere in this box to attach a file for this Good Cause.

Acceptable formats include png, pdf, tiff, bmp, jpg, or jpeg.

The maximum file size is 5MB. If you are attempting to submit information in a larger file size, please upload this information on the Document Upload Screen as Medical Documentation.

Please note that a maximum of 5 uploads may be submitted for each Good Cause report.

**File Name :**  
GATEWAY LOGO.jpg ✘

Save Good Cause Request
Cancel

**Reasonable Modification**

Due to a disability, are you unable to meet the qualifying hours and activities for Pathways and request assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification; or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution?  Yes  No

Note: Selecting Yes or not answering this question will direct you to the Reasonable Modification and Reasonable Accommodation page. You will be able to provide additional information and verification on that page.

Previous
Save and Exit
Next





# Requesting a Good Cause Exception: Step 5 continued

5f. If you are just requesting a Good Cause Exception, select “No” in the Reasonable Modification box. If you are also requesting a Reasonable Modification\*, select “Yes.”

- Reference “Requesting a Reasonable Modification How-To Guide” for additional details on requesting a Reasonable Modification.

5g. Then, click “Next.”

If you selected more than one person for whom to request a Good Cause Exception in step 4, once you click “Next” you will be directed to repeat this same process.

Add Good Cause Request

**Request a New Good Cause**

\* Please select the reason for Good Cause Request. Temporary illness/short term injur ▾  
Note: Selecting "Other" as Good Cause reason will require you to provide written explanation.

\* Please select for what month Bob requests Good Cause (mm/yyyy): 10/2023


\* Please enter the number of Qualifying Activity hours for which Bob's Good Cause Request applies: 15

Please provide a written explanation for Bob's Good Cause Request below: 41 of 250 Characters

I had the flu and missed 3 days of work.

Document Upload

You have reported participation in Qualifying Activities. For each activity you have participated in, please upload the appropriate validation documents. You may proceed by selecting "Save Activity" without uploading documents, but you will be contacted to provide verification at a later date. Additionally, you will not be eligible for the Pathways program until verification for your Qualifying Activities are provided.



Select anywhere in this box to attach a file for this Good Cause.

Acceptable formats include png, pdf, tiff, bmp, jpg, or jpeg.

The maximum file size is 5MB. If you are attempting to submit information in a larger file size, please upload this information on the Document Upload Screen as Medical Documentation.

Please note that a maximum of 5 uploads may be submitted for each Good Cause report.

**File Name :**  
GATEWAY LOGO.jpg ✖

Save Good Cause Request
Cancel

**Reasonable Modification**

Due to a disability, are you unable to meet the qualifying hours and activities for Pathways and request assistance for additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification; or to report a Reasonable Accommodation for Pathways Qualifying Activity granted by an employer, supervisor, or institution?  Yes  No

Note: Selecting Yes or not answering this question will direct you to the Reasonable Modification and Reasonable Accommodation page. You will be able to provide additional information and verification on that page.

Previous
Save and Exit
Next

# Requesting a Good Cause Exception: Step 6

6a. Read through the Signing Your Change page.

Hello, **Bob**. You are logged in. 100% Complete


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**Start**
**Resources**
**Income**
**Bills**
**Needs Assessment**
**Finish & Submit**

---

Pathways Contract
Qualifying Activities
Finish & Submit

---



## Signing Your Change

You're just a few minutes away from submitting your changes. To do so, you'll need to  
- check the signature box and type your name below to sign your change

*Fields marked with ( \* ) are mandatory, and must be filled out before continuing with your application.*

**Submit Your Changes**

If you are ready to send your changes to the Agency, click the Submit button at the bottom of the page. Once you do this, your changes will be sent to an agency electronically. Please keep in mind:

- In most cases, your change will be processed in 10 days. We may ask you to provide proof of some of your reported changes. If we ask for proof, you'll need to mail, fax, upload, or bring within 10 days, or bring it to your WIC clinic appointment.
- In most cases, verification may be needed to process the change.
- In some cases, your change may not result in any change in benefits. Unless you have another change, you should not call us about your change.
- A case manager from the agency receiving the reported change may contact you to request additional documentation to support your reported changes. If additional documentation is requested, you will need to mail, fax, or upload it within 10 days. Your WIC verification can be taken to your WIC Clinic appointment.

# Requesting a Good Cause Exception: Step 6 continued

6b. If you would like to register to vote, follow the instructions in the Voter Registration box.

6c. Check the box in the Electronic Signature box and complete all fields.

6d. Then, choose one of the three “Submit” buttons.

- Submit and apply to register to vote where you live now.
- Submit and do not apply to register to vote where you live now.
- Submit and do not answer the voter registration question.

**Voter Registration**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. For help in filling out the voter registration application form, you may call the Georgia Secretary of State's office at 404-656-2871.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at: 2 Martin Luther King Jr. Drive, Suite 802, West Tower, Atlanta, GA 30334 or by calling 404-656-2871.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

TO SUBMIT YOUR APPLICATION FOR BENEFITS, SELECT ONE OF THE THREE "SUBMIT" BUTTONS BELOW. NONE OF THE THREE "SUBMIT" BUTTONS BELOW WILL REGISTER YOU TO VOTE. IF YOU WANT TO APPLY TO REGISTER TO VOTE, ADDITIONAL STEPS ARE NEEDED TO COMPLETE THE VOTER REGISTRATION PROCESS. VOTER REGISTRATION INFORMATION IS PROVIDED BELOW.

**REGISTER TO VOTE:**

**Register Online:** To apply to register to vote where you live now using Georgia's Online Voter Registration System, visit <https://registertovote.sos.ga.gov/GAOLVR/welcome.do#no-back-button>

**Print an application:** To apply to register to vote where you live now, you may print an application on Georgia's Secretary of State's website at [https://sos.ga.gov/sites/default/files/forms/GA\\_VR\\_APP\\_2019.pdf](https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf)

If you want a Georgia Voter Registration application mailed to you, check the box to the right.

**Electronic Signature**

I certify that the information that has been reported with the request for change is true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny, and/or fraud. If I completed or assisted in completing this change form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I agree to submit this change by electronic means. By signing this change electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same ways as a written signature.

The Georgia Department of Human Services ("DHS") collects Personally Identifiable Information (PII), such as names, addresses, telephone numbers, email addresses, and dates of birth, etc., during your application for benefits. By submitting any personal information to us, you agree that we may collect, use, and disclose any such personal information in accordance with DHS policies, procedures, and as permitted or required by law and/or regulations.

By checking this box and typing my name below, I am electronically signing my change.

\* First Name:       \* Last Name:       Suffix:

TO SUBMIT YOUR APPLICATION FOR BENEFITS, SELECT ONE OF THE THREE "SUBMIT" BUTTONS BELOW. NONE OF THE THREE "SUBMIT" BUTTONS BELOW WILL REGISTER YOU TO VOTE. IF YOU WANT TO APPLY TO REGISTER TO VOTE, ADDITIONAL STEPS ARE NEEDED TO COMPLETE THE VOTER REGISTRATION PROCESS.

Previous

Save and Exit

**SUBMIT**

YES, I WANT TO APPLY TO REGISTER TO VOTE WHERE I LIVE NOW (Voter registration information will be provided on the next page)

**SUBMIT**


NO, I DO NOT WANT TO APPLY TO REGISTER TO VOTE WHERE I LIVE NOW

**SUBMIT**

I DO NOT WANT TO ANSWER THE VOTER REGISTRATION QUESTION (Voter registration information will be provided on the next page)

# Final Submission

Once you have provided your signature, you will receive a tracking number that you can reference if you need to inquire about your Good Cause request.



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Hello, **Donald**. You are logged in.

**Congratulations! Your application has been successfully submitted.**

**Your tracking number is T31162834 for Medicaid, Food Stamps**

[Please print or save this page for your records.](#)

We encourage you to upload documents to support your application.  
You are encouraged to upload documents to prove your identity, income and expenses.

**Upload Documents**

If you would like to print or save a copy of your application for your files, please select the **Print Copy of Application** button below. If you decide to print or save, please keep in mind that your application has your private, personal information in it. A copy of your application will be saved and can be viewed by logging into your account.

**Advisory- Please read:**

The information you just created is secure, but if you are using a computer in a Library, Community Center or other public place, please take these additional steps: If you print anything, remember to get the printed copies of your summary. If the printer jams or your summary fails to print, contact someone at the location for help. After you have completed entering your information, shut down the Internet program and if possible ask the staff to restart the computer.

**Print Copy of Application**


**REGISTER TO VOTE:**

**Register Online:** To apply to register to vote where you live now, select the following link to access [Georgia's Online Voter Registration System](#) or visit <https://registertovote.sos.ga.gov/GAOLVR/welcome.do#no-back-button>

**Print an application:** To apply to register to vote where you live now, you may print an application by selecting the following link to access [Georgia's Voter Registration Application](#) or visit [https://sos.ga.gov/sites/default/files/forms/GA\\_VR\\_APP\\_2019.pdf](https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf)

If you want a Georgia Voter Registration application mailed to you, you may call the Georgia Secretary of State's office at 404-656-2871, call the Customer Contact Center at 877-423-4746, or visit [https://sos.ga.gov/sites/default/files/forms/GA\\_VR\\_APP\\_2019.pdf](https://sos.ga.gov/sites/default/files/forms/GA_VR_APP_2019.pdf)

You will need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking:



**Next**

# Final Submission

You will also receive a self-service pdf that confirms your Good Cause request.



\*\*\*Keep in mind that you do not need to mail this printout to your local agency.\*\*\*

“Thank you for using Gateway to apply for benefits!”

**Donald Dukes your application has been submitted to Online Services on October 24, 2023 at 08:39 PM.**

If you submit your application after regular business hours or on a weekend or holiday, your filing date is the next business day October 25, 2023.

We will review your application and contact you if we need additional information.

If you need to make changes to your TANF, Food Stamps, or Medical Assistance application, please contact on-line services at 1-877-423-4746.

**In your application, you have asked for these benefits:**

- Medical Assistance, Food Stamps (SNAP) – T31162834

Be sure to write the number(s) down or print this page for your records.

As a next step, your worker may ask for proof of some of the things you told us in your application. This checklist will help you gather these items. If you can not find something, your worker may be able to help you get the proof you need.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

#### **Proof of Identity**

Proof of who you are, like a driver's license, ID card.

#### **Proof of Residence**

Current Georgia issued Driver License/ID Card, current lease, current mortgage statement, statement from landlord or person with whom you reside, utility bill (gas, electric, telephone)

#### **Social Security Number**

Social Security Numbers for everyone you want to receive benefits. Immigrants may potentially be eligible for benefits without a social security number. Social Security Number is not required for WIC.

#### **Proof of Citizenship or Immigration Status (Only for those seeking benefits)**

Proof of citizenship such as a birth certificate, U.S. passport, hospital record. Proof of immigration status such as resident immigration card, passport, visa, 1-94, I-181, or other Department of Homeland Security (DHS) documentation. Additional examples of Proof of Citizenship for Medical applicants can be found in Form 218. Proof of Citizenship/Immigration Status is not required for WIC.